

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Catholic Charities Inc.			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1648	5. Funding/Grant Period Start: 7/1/2015    End: 6/30/2016		6. Report Period Start: 7/1/2015    End: 9/30/2015	
7. Submitted By Martha McCabe		8. Date Report Submitted 10/14/2015		9. FSR # 3	10. Final Report No
11. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total Obligated (Sum of lines b and c)				N/A	N/A
b. Payer Obligated (Award)				N/A	N/A
c. Recipient Obligated (Match)				N/A	N/A
Expenses:					
d. Total Payer Share of Expenses				\$0.00	\$10,714.00
• Benefits/Grant Expenditure				\$0.00	\$0.00
• Capital Equipment/Grant Expenditure				\$0.00	\$0.00
• Contract Personnel/Grant Expenditure				\$0.00	\$0.00
• Other/Grant Expenditure				\$0.00	\$1,666.00
• Salary/Grant Expenditure				\$0.00	\$9,048.00
• Supplies/Grant Expenditure				\$0.00	\$0.00
• Travel/Grant Expenditure				\$0.00	\$0.00
e. Total Recipient Share of Expenses				\$0.00	\$11,481.00
• Benefits/Local core support, funding match				\$0.00	\$2,607.00
• Benefits/Maintenance of Effort				\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Benefits/Revenue Expenditure				\$0.00	\$0.00
• Capital Equipment/Local core support, funding match				\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort				\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure				\$0.00	\$0.00
• Contract Personnel/Local core support, funding match				\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort				\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure				\$0.00	\$0.00
• Other/Local core support, funding match				\$0.00	\$1,817.00
• Other/Maintenance of Effort				\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Other/Revenue Expenditure				\$0.00	\$0.00
• Salary/Local core support, funding match				\$0.00	\$3,933.00
• Salary/Maintenance of Effort				\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Salary/Revenue Expenditure				\$0.00	\$0.00
• Supplies/Local core support, funding match				\$0.00	\$75.00
• Supplies/Maintenance of Effort				\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution				\$0.00	\$3,049.00
• Supplies/Revenue Expenditure				\$0.00	\$0.00
• Travel/Local core support, funding match				\$0.00	\$0.00
• Travel/Maintenance of Effort				\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution				\$0.00	\$0.00
• Travel/Revenue Expenditure				\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$71,588.30
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$36,173.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$35,415.30
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1648	5. Funding/Grant Period Start: 7/1/2015    End: 6/30/2016		6. Report Period Start: 10/1/2015    End: 12/31/2015	
7. Submitted By Martha McCabe		8. Date Report Submitted 1/14/2016		9. FSR # 1336	10. Final Report No

  

11. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Obligated (Sum of lines b and c)	N/A	N/A	\$93,783.30
b. Payer Obligated (Award)	N/A	N/A	\$46,887.00
c. Recipient Obligated (Match)	N/A	N/A	\$46,896.30
Expenses:			
d. Total Payer Share of Expenses	\$10,714.00	\$12,019.00	\$22,733.00
• Benefits/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Other/Grant Expenditure	\$1,666.00	\$1,075.00	\$2,741.00
• Salary/Grant Expenditure	\$9,048.00	\$10,920.00	\$19,968.00
• Supplies/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Grant Expenditure	\$0.00	\$24.00	\$24.00
e. Total Recipient Share of Expenses	\$11,481.00	\$14,107.00	\$25,588.00
• Benefits/Local core support, funding match	\$2,607.00	\$3,101.00	\$5,708.00
• Benefits/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Benefits/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Other/Local core support, funding match	\$1,817.00	\$1,920.00	\$3,737.00
• Other/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Other/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Local core support, funding match	\$3,933.00	\$5,596.00	\$9,529.00
• Salary/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Salary/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Supplies/Local core support, funding match	\$75.00	\$0.00	\$75.00
• Supplies/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution	\$3,049.00	\$3,490.00	\$6,539.00
• Supplies/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Travel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Travel/Revenue Expenditure	\$0.00	\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$45,462.30
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$24,154.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$21,308.30
Income:			
i. Total Income From Payer	\$22,436.00	\$0.00	\$22,436.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

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1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Catholic Charities Inc.			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1648	5. Funding/Grant Period Start: 7/1/2015    End: 6/30/2016		6. Report Period Start: 1/1/2016    End: 3/31/2016	
7. Submitted By Martha McCabe		8. Date Report Submitted 4/13/2016		9. FSR # 2750	10. Final Report No

  

11. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Obligated (Sum of lines b and c)	N/A	N/A	\$93,783.30
b. Payer Obligated (Award)	N/A	N/A	\$46,887.00
c. Recipient Obligated (Match)	N/A	N/A	\$46,896.30
Expenses:			
d. Total Payer Share of Expenses	\$22,733.00	\$9,475.00	\$32,208.00
• Benefits/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Grant Expenditure	\$0.00	\$0.00	\$0.00
• Other/Grant Expenditure	\$2,741.00	\$430.00	\$3,171.00
• Salary/Grant Expenditure	\$19,968.00	\$9,048.00	\$29,016.00
• Supplies/Grant Expenditure	\$0.00	(\$3.00)	(\$3.00)
• Travel/Grant Expenditure	\$24.00	\$0.00	\$24.00
e. Total Recipient Share of Expenses	\$25,588.00	\$8,897.00	\$34,485.00
• Benefits/Local core support, funding match	\$5,708.00	\$2,735.00	\$8,443.00
• Benefits/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Benefits/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Benefits/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Capital Equipment/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Capital Equipment/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Capital Equipment/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Capital Equipment/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Contract Personnel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Contract Personnel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Contract Personnel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Contract Personnel/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Other/Local core support, funding match	\$3,737.00	\$1,457.00	\$5,194.00
• Other/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Other/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Other/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Salary/Local core support, funding match	\$9,529.00	\$3,595.00	\$13,124.00
• Salary/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Salary/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Salary/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Supplies/Local core support, funding match	\$75.00	\$0.00	\$75.00
• Supplies/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Supplies/Non cash: In-Kind Contribution	\$6,539.00	\$1,110.00	\$7,649.00
• Supplies/Revenue Expenditure	\$0.00	\$0.00	\$0.00
• Travel/Local core support, funding match	\$0.00	\$0.00	\$0.00
• Travel/Maintenance of Effort	\$0.00	\$0.00	\$0.00
• Travel/Non cash: In-Kind Contribution	\$0.00	\$0.00	\$0.00
• Travel/Revenue Expenditure	\$0.00	\$0.00	\$0.00

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$27,090.30
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$14,679.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$12,411.30
Income:			
i. Total Income From Payer	\$22,436.00	\$0.00	\$22,436.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
• Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
• Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
• Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

# FINANCIAL STATUS REPORT

## Aid To Local FY16

1. Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI) 2015-2016		2. Recipient Organization Catholic Charities Inc.			
3. Federal Employer Identification Number [REDACTED]	4. Recipient Identifying Number 1648	5. Funding/Grant Period Start: 7/1/2015      End: 6/30/2016		6. Report Period Start: 4/1/2016      End: 6/30/2016	
7. Submitted By Martha McCabe		8. Date Report Submitted 7/15/2016	9. FSR # 3320	10. Final Report No	
11. FSR Note					
12. Approved By Gail Phippen		13. Approved Date 7/15/2016			
Transaction Type		Award	Match	Revenue	Total
I. Total Obligated in Award Period		\$46,887.00	\$46,896.30	\$0.00	\$93,783.30
II. Expenditures Subtotal		\$12,943.00	\$11,118.00	\$0.00	\$24,061.00
1. Salary/Salary/Personnel-Direct		\$11,544.00	\$4,214.00	\$0.00	\$15,758.00
a. Full-time Accounting Supervisor (Marty Brisco)		\$0.00	\$781.00	\$0.00	\$781.00
b. Full-time Director of Counseling Services (Shirley Brisco)		\$0.00	\$1,803.00	\$0.00	\$1,803.00
c. Full-time Director, QA & Compliance (Martha McCabe)		\$0.00	\$961.00	\$0.00	\$961.00
d. Full-time PMI Coordinator (Cheryl Scott, RN)		\$11,544.00	\$0.00	\$0.00	\$11,544.00
e. Par-time Counseling Marketing Director (Mika Granger)		\$0.00	\$669.00	\$0.00	\$669.00
f. Part-time WSU Graduate Student (practicum) average		\$0.00	\$0.00	\$0.00	\$0.00
2. Benefits		\$0.00	\$2,597.00	\$0.00	\$2,597.00
a. Agency Retirement Contribution - PMI Coordinator		\$0.00	\$285.00	\$0.00	\$285.00
b. FICA @ 7.65% X \$55,350 salaries paid = \$4,235 X 12 months		\$0.00	\$1,034.00	\$0.00	\$1,034.00
c. Health Insurance @ 12% of total salaries paid (12 months)		\$0.00	\$1,036.00	\$0.00	\$1,036.00
d. KS Unemployment @ 4.96% on first \$8,000 of salary		\$0.00	\$11.00	\$0.00	\$11.00
e. KS Workmen Compensation Insurance @ 2% of \$55,350		\$0.00	\$231.00	\$0.00	\$231.00
3. Supplies		\$0.00	\$1,679.00	\$0.00	\$1,679.00
a. General Office Supplies estimated at \$75/month X 12 months		\$0.00	\$1,679.00	\$0.00	\$1,679.00
4. Travel		\$0.00	\$0.00	\$0.00	\$0.00
a. Mileage for PMI Coordinator to attend Annual Meeting		\$0.00	\$0.00	\$0.00	\$0.00
b. Mileage Reimbursement to PMI Coordinator for us...		\$0.00	\$0.00	\$0.00	\$0.00
5. Other		\$1,399.00	\$2,628.00	\$0.00	\$4,027.00
a. Agency Annual Computer Software User Fees - \$14...		\$0.00	\$740.00	\$0.00	\$740.00
b. Agency Audit Expense @ 5% of total cost (\$25,000 X 5%)		\$0.00	\$0.00	\$0.00	\$0.00
c. Agency PMI Office Utilities @ \$370 per month X 12 months		\$0.00	\$1,700.00	\$0.00	\$1,700.00
d. Annual Staff Training Day Expense (Sept. 2015) ...		\$0.00	\$0.00	\$0.00	\$0.00
e. Client Assistance - includes one-time assistance...		\$0.00	\$0.00	\$0.00	\$0.00
f. Client Assistance - to provide gift cards and i...		\$829.00	\$146.00	\$0.00	\$975.00
g. Office Maintenance @ \$50 per month X 12 months ...		\$0.00	\$0.00	\$0.00	\$0.00
h. Office Telephone @ \$35 per month X 12 months = ...		\$0.00	\$0.00	\$0.00	\$0.00
i. Photocopying expense @ \$60 per month X 12 months...		\$0.00	\$0.00	\$0.00	\$0.00
j. Postage @ \$50 per month X 12 months = \$600 X 10...		\$0.00	\$42.00	\$0.00	\$42.00
k. Printing & Advertising - printing of brochures,...		\$570.00	\$0.00	\$0.00	\$570.00
III. Revenue Subtotal		\$0.00	\$0.00	\$0.00	\$0.00
IV. Total Expenditures in Award Period		\$45,151.00	\$45,603.00	\$0.00	\$90,754.00

V. Total Revenue in Award Period	\$0.00	\$0.00	\$0.00	\$0.00
VI. Remaining Balance	\$1,736.00	\$1,293.30	\$0.00	\$3,029.30